



Application For Admission—Early Years

Pupil's name _____ (Last name) _____ (First name) Sex M F

Place of birth _____ Date of birth (DD/MM/YY) _____

Nationality _____ Expected date of enrolment _____

Contact Address (in Luxembourg if known) _____

Postal code L- _____ Locality _____

Mobile phone : Mother's _____ Father's _____ Home telephone _____

E-mail (s): Mother's _____
 Father's _____

Please note:
 1. Each school year ISL publishes an internal school directory containing the above information about each family.
 Please write **EM** in front of any contact information that should be reserved for emergency only.
 2. The school communicates with all parents via a weekly email newsletter « ISL eNews ». Please indicate at least one email address for the family.

Father's name _____ (Last name) _____ (First name) Nationality _____

Personal address & phone number if different from above _____

Employed by _____ Position _____

Mother's name _____ (Last name) _____ (First name) Nationality _____

Personal address & phone number if different from above _____

Employed by _____ Position _____

Does your child have any special medical needs? No Yes If yes, please explain in detail on the **Student Information and Health History Form**.

Does your child have any identified special educational needs? No Yes If yes, please detail on the **Academic Information Form**.

Principal language(s) spoken at home: _____

Is your child now or has your child been enrolled in a day-care programme? Yes No
 If yes, please write name & location of school or day-care centre

Name and address of the current school / day-care center: _____

Date of entry in current school _____ Date of departure from current school _____

Other children in family:	Name	Date of birth

IMPORTANT INFORMATION FOR APPLICANTS (Please read carefully)

I. By submitting this application to the International School of Luxembourg, you agree to respect the policies, rules, and regulations of the school:

1. To have your child take any tests the school deems necessary.
2. To abide by the school's decision concerning the admission and eventual placement of your child.
3. To honour the financial details implicit in this application (see tuition fee statement).

II. To complete this application, the following additional information must be received by ISL before an interview can take place:

1. Proof of transfer of a **non-refundable application fee of EUR 250 must accompany this application.**
2. Copy of Birth Certificate or ID page of passport
3. Records of the applicant's attendance, marks, and test scores from all previous schools attended. Non-English reports must be accompanied by an acceptable translation.
4. Completed Confidential Academic Information forms (grade 1 and up).
5. Completed Teacher Recommendation forms.
6. Completed Student Writing sample (students age 8 and up).
7. Completed and signed Student Information and Health History form.
8. Completed Language Background Survey.

III. An admissions interview is required for all student applicants. Please contact the Admissions Office to arrange an interview.

IV. Payments should be made by transfer to the school's bank account at the BGL s.a. (swift/BIC: BGLL LU LL; **IBAN LU39 0030 0613 5484 0000**). The transfer should clearly indicate the name of the child being registered.

Please note that you must pay all bank charges.

VII. Do not withdraw your child from his or her current school until you receive formal acceptance of the student by ISL.

VII. The enrolment of a student is an individual contract between the parents and the school regardless of any arrangements parents may have with their employer concerning the payment of the school fees for their child(ren).

Please state whether tuition and registration fees will be paid by:

- Father Mother Father's Company * Mother's Company * Other _____

*

NB Parents are responsible for the completion and submission of the Company Billing Form .

Parent Declaration

I have read, understand and accept the terms of this application.

I enclose proof of payment of the EUR 250 fee with this application. I agree to pay the registration and capital fee of EUR 1900 to secure a place, the tuition and any other charges set by the school in connection with my child's attendance at ISL within thirty days of receipt of the school's invoice.

Date of application

Signature of parent or guardian

For School Use Only

Admitted Yes _____ No _____ Date of entrance _____ Grade placement _____

Programme _____

Date of decision _____ Initials of person(s) admitting pupil (1) _____ (2) _____



Registration Form

Pre-School Afternoon Programme

Name of Child _____

I would like my child to attend the Pre-school Afternoon Programme at the International School of Luxembourg for the school year 20____/20____.

I would like my child to attend on the following days (options: 1 - 4 afternoons per week, please check appropriate boxes):

- Monday
- Tuesday
- Thursday
- Friday

I agree to pay the tuition in advance of attendance upon receipt of an invoice.

In applying for the admission of my child to the Pre-school Afternoon Programme, I agree to respect the policies, rules and regulations of the school. I understand that the days of the week my child will attend are fixed as indicated on this registration form.

date

signature of parent or guardian

Student Information and Health History

(to be completed by a parent or guardian)

Please fill out this form and submit with your Application for Admission.

Child's Name _____ Matricule _____ Grade _____
(Date of Birth if Matricule not yet available)

Citizenship _____	Passport No. _____
Phone Home _____	Phone Work _____
Mother's Mobile no. _____	Father's Mobile no. _____
Child's Doctor _____	Doctor's Phone no. _____
Medical Insurer _____	Insurance ID no. _____
Emergency Contact _____ and phone no. _____ (In case parents cannot be reached)	

Authorisations

I hereby authorise the school nurse or delegated member of the school staff to administer basic First Aid or Emergency medical treatment to my child should it be required.

Date _____ Signature of parent _____

I authorise the school nurse to administer the following to my child [please check box (es)]:

- | | |
|---|--|
| <input type="checkbox"/> Antiseptic spray/cream for first aid | <input type="checkbox"/> Throat lozenges |
| <input type="checkbox"/> Dose appropriate non-aspirin pain reliever/fever reducer (eg. Paracetamol/Tylenol) | <input type="checkbox"/> Cough syrup |

This Information is confidential; it enables us to care for your child.

Health History

Is your child currently under medical care Yes No

Does your child routinely take medication, if so what and for what condition Yes No

Type _____

Time _____

Quantity _____

Is there any restriction on physical activity Yes No

Student has or has had any of the following conditions, if so please explain with dates
Allergies
Asthma
Cardiac disease
Congenital problems
Dental Problems

Diabetes
Ear Problems
Hearing problems
Emotional problems
Eating Disorder
Epilepsy / Seizures
Gastrointestinal Problems
Headaches
Measles
Menstrual problems
Mumps
Orthopaedic problems
Respiratory illness
Rubella
Scarlet Fever
Skin trouble
Urinary tract problems
Serious accidents
Tonsillectomy
Adenoidectomy
Hospitalisations
Operations
Other

Immunisation History (<i>PLEASE ATTACH A COPY OF IMMUNISATION RECORD</i>)			
Diphtheria_____	Mumps_____	Measles_____	
Pertussis_____	Rubella_____		
Tetanus_____	HIB_____		
Polio (oral)_____	Meningitec c_____		
Polio (inj.)_____	Tuberculosis (BCG)_____		
Hepatitis B_____	Other_____		
HPV_____			

Does your child wear glasses? yes no Contact lenses: yes no

Check one Normal Color Vision Abnormal Color Vision

Vision assessment:	Date	Both	Left	Right

If abnormalities, please explain _____

Date of last dental assessment: _____

Date of last audiometric assessment and result: _____

Please notify the school nurse of any changes.

Physical Examination Form

(to be completed by a physician)

Each student is required to undergo a physical examination by a qualified physician annually. The information below must be filled out and signed by the examining physician and returned to one of the School Nurses by the first day of school. **(New students: after acceptance)**

Name _____ Birth date _____ Grade _____

History

Has the child been treated with or for any of the following in the **last 12 months**? If so, please provide details

Allergies or Asthma	_____	Injuries or fractures	_____
Immunisations	_____	Chronic Illnesses	_____
Current medications	_____		
Other significant health information	_____		

Physical Examination

Please indicate if the following observations are normal. If not, please provide a comment.

	<i>Norm.</i>	<i>Comment</i>		<i>Norm.</i>	<i>Comment</i>
BP			Ears		
Pulse			Nose		
Height			Lungs		
Weight			Heart		
Urine			Abdomen		
Mouth/Teeth			Back		
Skin/Scalp			Extremities		
Eyes			Neuromuscular		

<u>VISION</u>	<i>Uncorrected</i>	<i>Corrected</i>	<u>HEARING</u>	<i>Norm.</i>	<i>Comment</i>
Left			Left		
Right			Right		

Authorisation for Activities

Please indicate if the child may participate in the following activities. If not, please provide a comment.

	<i>OK</i>	<i>Comment</i>		<i>Norm.</i>	<i>Comment</i>
P.E. Class			Playground		
Swimming			Other sports		

Physician's Name	Signature	Date
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Stamp

Language Background Survey

Child's Name: _____ Date of Birth: _____

Nationality(s) child: _____ mother: _____ father: _____

Child's Dominant Language(s): _____

Please indicate your child's dominant language(s) on the line below. The dominant language is considered to be the child's strongest language. This is usually the language spoken by the child's parents or guardians. If the child uses two languages equally well, please write both languages below.

Dominant Language(s): _____

Use this chart to help you determine your child's level of skill for each of the languages listed below.

Level	No Skills	Beginning	Intermediate	Advanced
Listening	<i>Has no listening skills in the language</i>	<i>Understands just a little</i>	<i>Understands everyday conversation and can follow basic classroom instructions</i>	<i>Understands the language almost as well as a native speaker</i>
Speaking	<i>Has no speaking skills in the language</i>	<i>Can say a few words or phrases</i>	<i>Can hold a conversation using simple English</i>	<i>Converses easily with native speakers</i>
Reading	<i>Has no reading skills in the language</i>	<i>Can read simple words or phrases</i>	<i>Can read simple books in the language</i>	<i>Can read (age appropriate) books in the language</i>
Writing	<i>Has no writing skills in the language</i>	<i>Can write simple words or phrases</i>	<i>Writes simple ideas with many mistakes</i>	<i>Independently writes ideas clearly with few mistakes</i>

To be
completed
by parent
or
guardian

English Language Skills: If your child's dominant language is not English, check the box that best describes your child's level of skill in each area listed below. Use the chart above to help you.

ENGLISH	No Skills	Beginning	Intermediate	Advanced
Listening				
Speaking				
Reading				
Writing				

Other languages: If your child speaks additional languages, fill in the chart(s) below to indicate your child's level of skill.

Language:	No Skills	Beginning	Intermediate	Advanced
Listening				
Speaking				
Reading				
Writing				

Language:	No Skills	Beginning	Intermediate	Advanced
Listening				
Speaking				
Reading				
Writing				

Language(s) spoken with the child:

Mother: _____ Father: _____

Siblings: _____ Other: _____

Please add any other information related to your child's language background that might be helpful in planning his or her programme: _____

To what extent will you be able to help your child with homework in English? (*please check one*)

Not at all	Very little	Some	Most
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To be completed by a teacher and returned directly to ISL

**Confidential Teacher Recommendation
Early Years Programme (ages 3 – 5)**

Name of student _____ Current grade _____

How long have you know the student and in what capacity? _____

How often do you have contact with the applicant? *(please check the appropriate box)*

Daily	Weekly	Occasionally
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- Please describe your classroom environment (eg class size, structure, style of learning).
- What is the applicant's dominant language(s)? _____
- Please assess the student applicant's standard of English, both spoken and written (if appropriate).
Ability to express him/herself _____
Written expression _____
- Describe any particular developmental strengths or concerns about developmental delays.
- Have there been any disciplinary, emotional or other concerns regarding this applicant?
Please explain.

6. Is the applicant's general development: *(please check the appropriate box)*

Below age expectations	Age appropriate	Above age expectations
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7. Has the applicant been identified as having a learning disability or been recommended for assessment? If yes, please explain in detail on a separate sheet.

8. Does the applicant participate in a special programme, receive programme modifications or receive support outside of school? If yes, please explain in detail on a separate sheet.

9. Please evaluate the applicant's level of the following:

	Excellent	Strong	Age appropriate	Delayed	No basis for judgement
Intellectual ability					
Curiosity					
Language development					
Literacy skills					
Small motor skills					

To be completed by a teacher and returned directly to ISL

	Excellent	Strong	Age appropriate	Delayed	No basis for judgment
Gross motor skills					
Level of independence					
General behaviour					
Attentiveness / focus					
Ability to get along with other students					
Self-confidence					
Maturity					

10. Please comment on the applicant's attendance.

11. Please include additional information about the applicant's character, values, performance and potential as a student.

12. Have the applicant's parents been supportive of the school and cooperative in working with teachers, counsellors and administrators? Please explain.

On behalf of the International School of Luxembourg, thank you very much for your time and effort. The information which you have provided us is invaluable. Should we have any further questions concerning the student, we hope that you will be amenable to being contacted by us.

Name: _____

Signature: _____ Date: _____

Title: _____

School: _____

Address: _____

Telephone: _____

Email: _____

Official School Stamp: